



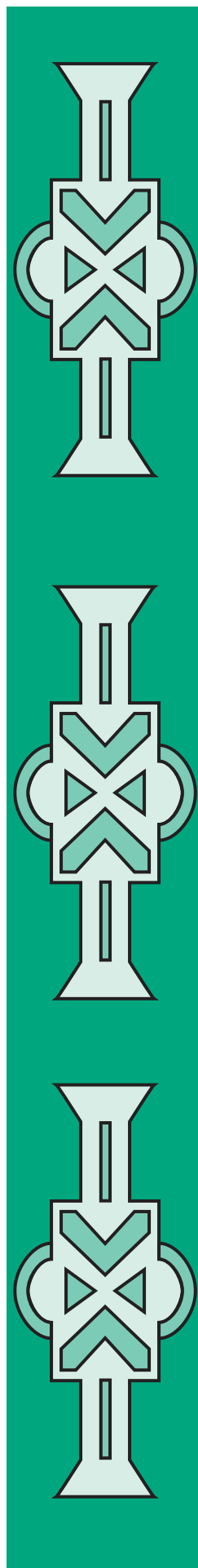
The POLICY Project

HIV/AIDS TOOLKIT

AIDS IMPACT MODEL (AIM) APPROACH

AUGUST 2000

The POLICY Project is a five-year project funded by the U.S. Agency for International Development under Contract No. CCP-C-00-95-0023-04 beginning September 1, 1995. It is implemented by The Futures Group International in collaboration with Research Triangle Institute (RTI) and The Centre for Development and Population Activities (CEDPA).



Building Political Commitment for Effective HIV/AIDS Policies and Programs

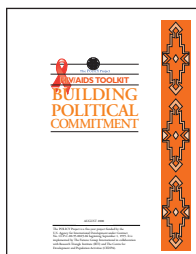
TOOLKIT OVERVIEW

The Joint United Nations Programme on HIV/AIDS (UNAIDS) recently released its *Report on the Global HIV/AIDS Epidemic, June 2000*, a state-of-the-art commentary on the status of the HIV/AIDS epidemic in the world. The statistics for sub-Saharan Africa remain grim. At the end of 1999, 34.3 million people were HIV-infected throughout the world, 24.5 million of whom were sub-Saharan Africans. About 5.4 million persons became newly infected in 1999, more than 4 million of whom were sub-Saharan Africans. The large majority of the 1.3 million children who are infected are African children.

But the UNAIDS report offered hope as well. It noted that enough world experience exists to know that it is possible to mount an effective national response to limit the spread of HIV and mitigate the effects of the epidemic. While cautioning that no universal blueprint exists, the report drew on some of the common features of effective national responses. Political will and leadership were first on the list. "Effective responses are characterized by political commitment from community leadership up to a country's highest political level," UNAIDS declared.

What is political commitment and why is it so important? Is it possible to take conscious actions to build political commitment as a key step in combating HIV/AIDS in sub-Saharan Africa? Are there blueprints or approaches that have proven to be effective? The toolkit considers these questions and offers some discussion and guidelines for activists determined to increase political commitment for effective HIV/AIDS policies and programs. Although this toolkit focuses on sub-Saharan Africa, many of the principles and approaches discussed also will be relevant to other regions of the world.

The Main Components of the Toolkit



Building Political Commitment

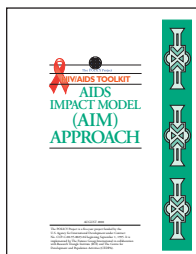
This component is the introduction to the toolkit. It discusses the nature of political commitment and why it is so important to efforts to combat the HIV/AIDS epidemic. It offers a set of questions to assist potential toolkit users in getting a quick idea whether political commitment issues are of importance in their own country.

Building political commitment for an effective national response to HIV/AIDS is as much an art as a science. This toolkit is intended to be expanded and updated as required based on feedback from users - so comments and suggestions are welcome.



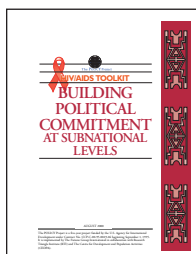
Measuring Political Commitment

One of the important values of this toolkit is that it describes ways to measure political commitment through both individual and comprehensive indicators. By using these kinds of measurement tools over time, it is possible to get a sense of whether the level of political commitment to effective HIV/AIDS responses is changing over time.



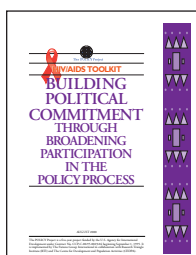
The AIDS Impact Model (AIM) Approach

The AIM approach has been one of the effective tools used to build political commitment in a number of sub-Saharan countries in recent years. This component includes discussion of the AIM approach with a step-by-step description of an AIM application. It gives examples of country use and tells how to obtain the AIM computer model and sample AIM books.



Building Political Commitment at Subnational Levels

Many countries in the region have or are in the process of decentralizing many government functions. In these countries, it is critically important that districts develop and implement strong HIV/AIDS programs. This component discusses approaches that can be used to develop political commitment at the district level.



Building Political Commitment Through Broadening Participation in the Policy Process

The more that interested actors from the government, the private sector, civil society, and the communities can be engaged in policy dialogue, planning, and evaluation, the greater the chances for an effective response to the epidemic. This component describes different approaches for enhancing the participation of all sectors.



The AIDS Impact Model (AIM) Approach

INTRODUCTION

In order for AIDS programs and interventions to be effective, they need the support and involvement of leaders from all levels and sectors of society. The creation of a supportive environment for HIV/AIDS programs involves not only the formulation of appropriate policies and the allocation of resources but also the mobilization of a broad political consensus that such programs are necessary for the well-being of society. Political support is defined broadly to include much more than just senior government leaders and civil servants. Political commitment implies the support of a broad range of civil and community leaders, at all levels of society. This includes the public sector, the private sector, nongovernmental organization (NGO) leaders, religious leaders, and other influential citizens at national and local levels. Leaders are the role models in society: it is not only their votes but also their personal actions and behavior that send strong signals about what is important. The AIDS Impact Model (AIM) and its associated dissemination activities are described in this component of the toolkit. AIM activities have proven to be an effective mechanism to reach out to these important leaders, build their awareness and knowledge about the AIDS crisis, and mobilize their support and willingness to become actively involved in the response.



Description of AIM Approach

The AIDS Impact Model (AIM) is a computer program and information dissemination tool with an objective to build political support for HIV/AIDS programs. It does this through a variety of mechanisms:

- Analyzing, developing, and presenting information about the current status of the HIV/AIDS epidemic and making projections about its likely future course
- Analyzing and presenting the impact of the epidemic on health and the social and economic well-being of the nation
- Describing proven interventions that reduce transmission, protect families, reduce stigma, and improve the lives of those who are either infected or affected
- Providing a forum in which issues and policies related to HIV/AIDS can be discussed openly
- Mobilizing awareness, commitment, and political will to support and provide funding for AIDS programs

Major Steps to Implement an AIM Activity

AIM and the associated activities are designed to analyze the HIV/AIDS situation in a country, produce accurate information about the likely course and impact of the epidemic, package that information in an attractive media presentation, and reach out to leaders at all levels of society. At right are six major steps in planning and implementing AIM activities.

1 *Conduct a preliminary review of the epidemiological information base and political environment of HIV/AIDS in the country and analyze the AIM process.* Decide whether to use the AIM process to try to build leadership support for HIV/AIDS programs in the country. Examine the requirements and costs of implementing the AIM activity, estimate the required scope of activities, and begin to specify institutional arrangements and stakeholder groups that will become involved in implementation and dissemination activities.

2 *Collect data and use AIM and its associated programs to analyze the HIV/AIDS situation and make projections of the epidemic's impact on society.* This normally involves mobilizing a group of experts who analyze the data; make the necessary assumptions; critically examine both the input and output of the model; and produce graphs, charts, and tables that will make up the content of the presentations.

3 *Produce presentations and print booklets or brochures that will support the dissemination process.* At least one, but often multiple presentations are aimed at different levels or types of leadership or professional audiences. These can take the form of computer-generated images using presentation software, color overhead transparencies, color slides, or posters. An application will typically produce written materials to hand out to target groups; these provide "take-home" materials intended to support leaders as they speak to other groups or plan HIV/AIDS intervention activities.

4 *Train presenters.* Depending on the scope of activities, this may involve training just a few or many dozens of presenters who will be expected to deliver 30- to 60-minute presentations to a variety of audiences. It takes 5 to 10 days, depending on the level of experience of the trainees, to train mid-level professionals to effectively deliver an AIM presentation. This usually includes selecting, prioritizing, and analyzing target audiences.

5 *Carried out concurrently with earlier steps, design the overall dissemination plan and develop the institutional support arrangements needed to provide presenters with transport, per diem, equipment, and materials.* Smaller dissemination efforts may not require much support, but larger dissemination programs can require more complex and extensive levels of logistical support.

6 *Design and use monitoring and evaluation systems to assess progress, identify problems, redesign materials, and measure the impact of the overall program.* It is never enough to just make presentations. If solid political support for HIV/AIDS programs is to be developed and sustained, careful and purposeful use of monitoring and evaluation methods is required to obtain ultimate success.

The "A Typical Sequence of Steps to Implement an AIM Activity" section of this component will provide more detailed instructions for the implementation of these six steps.



AIM: What is it and What can it do?

AIM is a computer program that projects the impact of the AIDS epidemic. It can project the future number of HIV infections, AIDS cases, and AIDS deaths, given an assumption about adult HIV prevalence. It can project also the demographic, economic, and social development impacts of AIDS. The output from the computer model is used to create visually attractive presentations intended to enhance knowledge of AIDS among policy-makers and build support for effective prevention and care programs. The overall AIM activity combines use of the model output to create presentations and informational booklets used in a dissemination program to reach political leaders and civil society.

There is no single sequence of steps or organizational approach to implement AIM activities. It is expected that an AIM user will adapt the program to the political, bureaucratic, and funding situation of any given country or region. While diversity and variation are encouraged, there are nevertheless common tasks that will likely be incorporated into every effort. These include the following:

- Analyze the need for and the requirements, institutional arrangements, and desired impact of AIM activities in the country
- Use the AIM computer program to analyze the past, present, and future course of the epidemic and its impacts on various sectors of society
- Develop one or more presentations and accompanying booklets or brochures that are aimed at a variety of target audiences

- Strategically select and prioritize target audiences, their interests, their motivations, and the roles they can play in responding to the epidemic
- Train a cadre of presenters who are prepared to tailor and give presentations to a variety of audiences and to lead discussions following the presentations
- Develop a dissemination plan and support system to implement AIM activities
- Use monitoring and evaluation to assess progress, identify problems, and make adjustments
- Specify and track goals and objectives so that increased political support is translated into specific results, such as improved policies, increased funding, and active involvement by senior-level politicians and other influentials

A Typical Sequence of Steps to Implement an AIM Activity

Analyze the Need for and Possible Objectives of an AIM Activity.

First, make a decision to undertake the AIM activity. This will usually involve reviewing other epidemiological analyses that have been carried out, reading and discussing this toolkit component and the AIM manual, analyzing the political and policy environment, identifying stakeholders, considering the possible scope of activity needed to show results, and setting preliminary goals and objectives.



2 Use AIM to Make Projections.

The POLICY Project and its predecessor projects have developed computer models that analyze existing information to determine the future consequences of today's population programs and policies. The Spectrum Policy Modeling System consolidates previous models into an integrated package containing the following components that are used to conduct an AIM application:

- **Demography (DemProj)** – A program to make population projections based on (1) the current population and (2) fertility, mortality, and migration rates for a country or region.
- **AIDS (AIDS Impact Model – AIM)** – A program to project the consequences of the AIDS epidemic.

Spectrum is a Windows-based system of integrated policy models. The integration is based on DemProj, which is used to create the population projections that support many of the calculations in the other components.

The box at right summarizes the procedure used in the AIM computer application. A user-friendly instruction manual and AIM software are available free from the POLICY Project. Anyone with good demographic skills, access to HIV sentinel surveillance data, and a familiarity with Microsoft Windows can carry out the analysis. A recommended approach is to use a small group (8 to 15) of experts who are most familiar with the epidemiological picture of HIV/AIDS in the country. This group reviews the available data, makes the necessary assumptions, reviews the output from the model,

Procedures Used in AIM Approach

1. Prepare demographic projections and HIV Prevalence Estimates using DemProj and AidsProj. A complete description of the use of DemProj is located in the manual *DemProj, Version 4, A Computer Program for Making Population Projections*. The program will produce a projection of what the population would be in the absence of HIV/AIDS.

Next, use the AidsProj spreadsheet to prepare a National HIV Prevalence Estimate using existing data that usually come from HIV sentinel surveillance sites. Incorporate other sources of data, from ad-hoc population-based surveys, where possible. This also involves assembling a technical team to review the data and consider approaches that can be used where data are incomplete. Often, the sentinel surveillance data come from urban settings, and little data are available from rural areas. AidsProj incorporates approaches to make assumptions about the ratio of rural to urban prevalence and to weight geographic prevalence estimates by population.

AIM then uses these projections to calculate the number of AIDS deaths, life expectancy, and other parameters under various (high, low) prevalence assumptions.

2. Collect data. AIM also requires data describing the characteristics of the HIV/AIDS epidemic, the health care system, and various economic processes. AIM uses data that are readily available and require little technical expertise beyond what can be acquired through review and use of the AIM manual. Chapter III (Projection Inputs) of the AIM manual provides detailed guidance for making assumptions, including the

sources of data and the use of default parameters. In this regard, the expert group's perspectives can be extremely valuable in accessing data, making assumptions, and interpreting the results.

3. Make assumptions. There are five special parameters that need to be specified for each AIM projection. They are 1) the start year of the epidemic, 2) the perinatal transmission rate, 3) the percentage of infants with AIDS who died in the first year of life, 4) the life expectancy after AIDS diagnosis, and 5) the reduction in fertility related to HIV infection. Carefully consider and base these assumptions on reasonable selection guidelines that are provided in the manual. It is often wise to consider low, medium, and high variants of each of these assumptions so that it is possible to determine the range of plausible projections.

4. Enter data. Once the data are collected and assumptions are made, use AIM to enter the data and make an HIV/AIDS projection. The AIM software provides easy-to-use data entry screens.

5. Examine projections. Once the projection is made, it is important to examine it carefully. This acts as a check to ensure that the base data and the assumptions and attendant consequences were understood and entered correctly into the program. This also helps to ensure the output is credible.

6. Make alternative projections. Once the base projection has been made, use the program to generate quickly alternative projections as the result of varying one or several of the projection assumptions.



and provides guidance on the implementation of a dissemination program. Technical assistance is available from the POLICY II Project, if desired, to conduct an expert group meeting and/or implement an AIM analysis.

3 Develop Presentations and Booklets.

One of the main purposes of the AIM approach is to produce accurate information about the HIV/AIDS epidemic and its impact on society for inclusion in presentations and booklets that are targeted at high-level audiences. The presentations can employ a variety of media including color slides, color overhead transparencies, or computer-generated presentations using presentation software. Although there is a core set of information to be included in every presentation, the content of each presentation will differ depending on the type of audience, their knowledge and interests, and the objectives of the presentation. An example of a typical AIM presentation appears as Appendix A in the AIM manual. A template AIM presentation using presentation software is available on the POLICY Project Website:

www.policyproject.com. Copies of other AIM presentations and booklets can be obtained from the AIDS Control Programs in Ethiopia, Ghana, Kenya, Malawi, Madagascar, Zambia, and Zimbabwe (See "Countries Where AIM Booklets Have Been Published" at end of component).

4 Develop Dissemination Plan and Support System.

A dissemination plan includes a set of goals and objectives, selecting and prioritizing target audiences, identifying the tactics used in reaching those audiences, and creating systems to provide logistical support (e.g., travel, equipment, booklets, per diem) to those making the presentations. Most National AIDS Control Programs (NACPs) implementing AIM activities have chosen to use a multisectoral approach that involves personnel (focal-point persons) from other ministries, NGOs, professional organizations, and the private sector as presenters. Some have hired consultants to make presentations to selected audiences. NACPs train these people as presenters, give them a set of materials, and provide them with modest financial support for travel expenses. Usually a central office acts as a clearinghouse and coordinating center for dissemination activities.

A critical component of any dissemination plan is to specify goals and objectives and to identify and prioritize target audiences. There can be a wide variety of goals and objectives for an AIM dissemination effort; for example,

- To approve a new national strategic framework to guide the response to the epidemic
- To create a high-level AIDS council
- To increase funding for HIV/AIDS programs
- To promote a decentralized multisectoral response
- To mobilize activities by religious institutions, NGOs, and the private sector

Each of these objectives may require a different type of presentation and the targeting of different audiences. There is a risk that activities can become diffuse and unfocused when there is confusion about exactly what the activities are intended to accomplish. The investment of time and effort to specify clearly the objectives of advocacy and dissemination activities will increase the likelihood of successful results. In turn, this helps with identifying and prioritizing target audiences.

5 Train Presenters.

When the goals and objectives of the AIM activity have been specified, the AIM analysis carried out, at least one presentation completed, and informational booklets drafted, the next step is to train a cadre of presenters who will play key roles in the dissemination program. The number of presenters to be trained depends, of course, on the objectives, budget, administrative arrangements, and scale of activities of the dissemination program. When presenters make high-level presentations to a president, cabinet, Parliament, or National AIDS Council, the typical approach is to work one-on-one with a Minister of Health or the head of the NACP who gives the presentation. When a broader dissemination plan is proposed, the typical pattern is to train 20 or more presenters who usually represent many of the stakeholder groups involved in HIV/AIDS prevention and mitigation programs.

The objective of presenter training for mid-level professionals is to 1)



equip them with an in-depth understanding of HIV/AIDS; 2) develop an understanding of the input, output, and workings of the AIM computer program; 3) review the key interventions used in prevention and mitigation programs; 4) go over the details of the National Strategic Plan; 5) develop the skills needed to give the AIM presentation with mastery of the material; and 6) lead a discussion or question-and-answer session at the end of the presentation.

Experience has shown that it takes 5 to 10 days to train mid-level presenters. The first part of the training focuses on an in-depth review of HIV/AIDS, AIM, current issues of HIV/AIDS in the country, and the national HIV/AIDS plan. The remainder of the time is devoted to skill-building and practice in delivering the AIM presentation. The key characteristic of this training is practice, practice, and more practice until the presenters can deliver the presentation with confidence and authority. The training places emphasis on how presenters can initiate and lead a discussion following the presentation and gives presenters practical experience in responding to the many technical and sensitive questions that typically arise and leading a “where-do-we-go-from-here” discussion aimed at achieving the objectives of the dissemination program.

6 Monitor, Evaluate, and Analyze Impact. Monitoring, evaluation, and impact analysis are crucial parts of AIM activities because they help ensure that the program is on track, that the quality and quantity of presentations are as planned, and that the overall program is achieving its intended results. Monitoring activities include the systematic collection of information from presenters about the number of presentations given, characteristics of the target audiences, issues raised in the discussion, and follow-up required. This monitoring allows AIM program managers to assess progress, identify problems, and make adjustments to the dissemination effort. A section on “Frequently Asked Questions” may be added to subsequent editions of the AIM booklet.

Evaluation and impact analysis are used to ensure that the program achieves the general and specific results that are intended. As noted above, some AIM activities can have specific objectives or outcomes, such as the establishment of a National AIDS Council or the legislative approval of national plans, policies, or guidelines (see box on right). When specific outcomes such as these are expected, the evaluation and impact analysis efforts are focused on specific groups, such as the president, the cabinet, or the Parliament, that are expected to take concrete actions. Where the goals and objectives of the AIM dissemination program are defined more broadly, the evaluation effort might use other measures or indicators of success, such as a change in the AIDS Program Effort Index (API), which is described in the Measuring Political Commitment component of this toolkit.

Selected Evaluation and Impact Indicators for AIM Activities

- ▶ Number of presentations given to specified target audiences
- ▶ Number of booklets/brochures distributed
- ▶ Statements made by senior politicians
- ▶ Increased funding levels for HIV/AIDS programs
- ▶ New initiatives undertaken as a result of AIM activities: programs established, plans produced
- ▶ Media stories published that use information from AIM
- ▶ National plans, policies, or guidelines developed and approved
- ▶ District AIDS committees established and/or district plans developed

Conclusion

In this toolkit component, the AIDS Impact Model (AIM) approach to building political commitment for effective HIV/AIDS policies and programs has been described. It is one approach that has proven to be effective at both national and subnational levels. For a practical example of AIM in action on a national level, see the case study of AIM activities in Kenya on page 8. For information on the use of AIM on a local level, refer to the discussion in the Building Political Commitment at Subnational Levels component.



Case Study: AIM Activities in Kenya

In 1991, there was little political support for AIDS activities in Kenya. There was a small AIDS Control Program with a resident advisor from the Global Program on AIDS. However, the government of Kenya contributed no funds to the program. The government considered the AIDS epidemic to be largely a creation of the western media and a threat to tourism. Moreover, the recent controversy of the purported AIDS drug, Kemron, mistakenly led many Kenyans to believe that there was a cure for AIDS.

The Kenyan National AIDS/STDs Control Program (NASCO) implemented the AIM activity with technical assistance from the RAPID IV and POLICY Projects of USAID. The purpose of the AIM activity in Kenya was to increase awareness and knowledge about the AIDS epidemic in Kenya in order to build a broad consensus in support of effective AIDS interventions. The general objective was to increase awareness of the need for effective action to slow the spread of HIV, and NASCO expected that the AIM activities would contribute to achieving the following specific outcomes:

- ▶ Statements by leaders that AIDS is a priority problem for Kenya
- ▶ Adoption of a multisectoral approach to AIDS interventions
- ▶ Inclusion of a section on AIDS in the National Development Plan, with realistic goals and budget levels

- ▶ Establishment of an effective National AIDS Council with a strong leader and the backing of the president
- ▶ Establishment of a financial mechanism for funding government AIDS activities that satisfied both the government and donors
- ▶ Recognition of STD control as a priority program
- ▶ Establishment of budget line items for AIDS control activities in key ministries
- ▶ Incorporation of family-life education into school curricula

The initial target audience included the 10,000 most influential leaders from the public, private, NGO, and community sectors. NASCO trained presenters, including a number of consultants, and provided them with equipment, materials, booklets on "AIDS in Kenya," travel support, and a small allowance. They established a formal program of reporting for the hundreds of presentations that were required to reach the target audiences, and they developed a one-page report format that included information on the presenter, the audience, questions that were raised, and topics that were discussed. On the basis of this feedback, they also prepared a new section of the AIM booklet on "Frequently Asked Questions."

Since the initial AIM activities were started in 1992, presenters have made hundreds of presentations to groups at all levels of Kenyan society. The major sectoral ministries gave a second round of presenter

training to "HIV/AIDS Focal Persons." Later, the Kenya AIDS NGO's Consortium (KANCO) and its members became involved in the dissemination of presentations and AIM booklets. By the year 2000, there had been five printings of the booklets involving over 100,000 copies, and a sixth edition is currently in process. *The Daily Nation*, a national newspaper, serialized the AIM booklet. When a presenter makes an AIM presentation, members of the audience approach the presenter to ask about coming to speak to their group or organization. As more groups have become involved in the effort, it has become impossible to track accurately the number of presentations.

There have been many impacts from these activities. Many district development committees responded by establishing district AIDS committees under the chairmanship of the district commissioner. The National Development Plan (1995 to 2000) contains a chapter on AIDS. It was mandated that all District Development Plans also include a chapter on the response to AIDS. Budget allocations by the government increased markedly in 1996 with the support of ministries other than the Ministry of Health, partly as a result of AIM presentations and training for those ministries. The President has seen the AIM presentation and has made a formal declaration that AIDS is a national disaster in Kenya. This level of political commitment is a basic requirement for the full mobilization of national resources to combat the epidemic.

■ Countries Where AIM Booklets Have Been Published

Bénin: *Le SIDA au Bénin: Epidémiologie, Projections, Conséquences Socio-Economiques, Interventions*, Le Programme National de Lutte contre le SIDA (PNLS), L'Unité de Planification de la Population, Le Ministère de la Santé, de la Protection Sociale et de la Condition Féminine (MSPSCF), Le Ministère du Plan, de la Restructuration Economique et de la Promotion de l'Emploi (MPREPE), 2nd Edition, 1998. The first edition was published in October 1997.

Ethiopia: *HIV/AIDS in Ethiopia: Background, Projections, Impacts, Interventions*, Epidemiology and AIDS Department, Ministry of Health, Second Edition, April 1998. The first edition was published in August 1996.

Addis Ababa, Ethiopia: *HIV/AIDS in Addis Ababa: Background, Projections, Impacts and Interventions*, Addis Ababa City Administration Health Bureau, January 1999.

Ghana: *HIV/AIDS in Ghana: Background, Projections, Impacts, Interventions*, National AIDS/STD Control Program, Ministry of Health, 2nd Edition, March 1999. The first edition was published in September 1995.

Haiti: *Impact du SIDA: Mise a jour des projections epidemiologiques du VIH et du SIDA en Haiti*, POLICY Project and Centres Gheskio, Septembre 1998.

Kenya: *HIV/AIDS in Kenya: Background, Projections, Impacts, Interventions, Policy*, National AIDS/STDs Control Programme, Ministry of Health, 5th Edition, June 1999. The first edition was published in 1992.

Madagascar: *Le SIDA à Madagascar: Epidémiologie, Projections, Conséquences Socio-Economiques, Interventions*, Le Laboratoire national de référence MST/SIDA (LNR), Le Programme national de lutte contre les MST-SIDA (PNLS), Le Ministère de la santé et de la population, November 1995.

Mozambique: *Impacto Demografico do HIV/SIDA em Mocambique (Demographic Impact of HIV/AIDS in Mozambique)*. Ministry of Health, National Statistics Institute, Ministry of Plan and Finances, and Center for Population Studies. August 2000.

Zambia: *HIV/AIDS in Zambia: Background, Projections, Impacts, Interventions*, Ministry of Health, Central Board of Health, 2nd Edition, September 1999. The first edition was published in December 1997.

Zimbabwe: *HIV/AIDS in Zimbabwe: Background, Projections, Impacts, Interventions*, National AIDS Coordination Programme, Ministry of Health and Child Welfare, February 1998.

■ References

The Joint United Nations Programme on HIV/AIDS (UNAIDS). *Report on the Global HIV/AIDS Epidemic, June 2000*. Geneva: Joint United Nations Programme on HIV/AIDS, 2000.

Stover, John. AIM, Version 4: A Computer Program for Making HIV/AIDS Projections and Examining the Social and Economic Impacts of AIDS. Connecticut: The Futures Group International, December, 1999.

■ Resources

AIDS in the World II. Jonathan Mann et al. (Eds.). 2nd ed. Oxford University Press, 1996.

The World Bank. *Confronting AIDS: Public Priorities in a Global Epidemic*. New York: Oxford University Press, 1997.

The World Bank. *Intensifying Action Against HIV/AIDS in Africa: Responding to a Development Crisis*. Washington, DC: The World Bank, 2000.

■ Internet Resources

The POLICY Project
<http://www.policyproject.com>

The FUTURES Group International
<http://www.tfgi.com>

The Joint United Nations Programme on HIV/AIDS UNAIDS
<http://www.unaids.org>

The World Bank, AIDS and Economics
<http://www.worldbank.org/aids-econ>

International AIDS Economics Network
<http://www.iaen.org>

Health Economics and HIV/AIDS Research Division
University of Natal
Durban, South Africa
<http://www.und.ac.za/und/heard>

The Synergy Project
<http://www.synergyaids.com>

■ Contacts

For more information about political commitment, please contact:

Director
The POLICY Project
The Futures Group International
1050 17th Street NW, Suite 1000
Washington, DC 20036 U.S.A.
Telephone: (202) 775-9680
Fax: (202) 775-9694
E-mail: policyinfo@tfgi.com
Website: <http://www.policyproject.com>



Funded by the USAID Bureau for Africa,
Office of Sustainable Development
through The POLICY Project,
Contract No. CCP-C-00-95-00023-04